



## Executive Directive 2 (2004)

### RURAL OBSTETRIC CARE TASK FORCE

#### Importance of the Issue

Prenatal, obstetrical, and labor and delivery services are a critical component of any modern society's health care system. Prenatal care, obstetrical and labor and delivery services in a community help ensure healthy babies.

A complex combination of factors ranging from third party reimbursement to malpractice insurance premiums has limited the availability of this care in certain rural areas of the Commonwealth. Most recently, this problem has occurred in the Northern Neck, though problems with access to care in rural areas have also developed in Southside and Southwest Virginia.

By virtue of the authority vested in me as Governor under Article V of the *Constitution of Virginia* and under the laws of the Commonwealth, including but not limited to Chapter 1 of Title 2.2, I hereby create the Governor's Working Group on Rural Obstetrical Care.

#### The Working Group

The working group will initially consist of 17 members. Additional members may be appointed by the Governor at his discretion. The working group will be chaired by the Secretary of Health and Human Resources. The group shall include but shall not be limited to representatives of: the Virginia Hospital & Healthcare Association; the Medical Society of Virginia; the American College of Obstetrics and Gynecology, Virginia Chapter; the Virginia Trial Lawyers Association; and other entities as determined by the Governor. Staff support will be provided by the Office of the Governor, the Office of the Secretary of Health and Human Resources, the Department of Health, and the Department of Medical Assistance Services.

#### Responsibilities of the Working Group

The working group will be responsible for the following:

- 1) Reviewing relevant executive branch policies that may serve as an impediment to providing needed care in rural areas of the Commonwealth;
- 2) Developing the executive branch's response to legislatively mandated studies and coordinating the executive branch's response to and work with any other study groups examining similar issues;
- 3) Reviewing best practices in other states;
- 4) Making policy recommendations as may seem appropriate to the Governor and General Assembly regarding improving access to care in rural areas.

The working group shall also examine other issues as may seem appropriate.

### **Reporting Requirements**

The working group shall issue a preliminary report to the Governor by July 1, 2004 and a final report to the Governor by October 1, 2004. The preliminary and final reports shall also be provided to the Chairmen of the House Appropriations Committee; the House Committee on Health, Welfare, and Institutions; the Senate Committee on Finance; the Senate Committee on Education and Health; and the Joint Commission on Health Care.

### **Effective Date of the Executive Directive**

This Executive Directive shall be effective upon its signing and shall remain in full force and effect until March 13, 2005, unless sooner amended or rescinded by further executive directive.

Given under my hand this 13th day of March 2004.

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Mark R. Warner, Governor